



In order for us to comply with Interstate Commerce Commission regulations, we need to have copies of the following documents:

- _____ Carrier Information Page
- _____ Copy of ICC Authority
- _____ W-9 with Federal ID Number
- _____ Broker Carrier Agreement
- _____ Dedicated Dispatch Agreement
- _____ Carrier Certification Regarding Clean Trailers
- _____ Carrier Certification Regarding Mammalian Protein Products
- _____ Dedicated Dispatch Responsibilities and Procedures Form
- _____ Liability Insurance Certificate, Eclipse Transservices Corporation listed as Certificate Holder
- _____ Cargo Insurance Certificate -Broad Form or All Risk Coverage, Eclipse Transservices Corporation listed as Certificate Holder
- _____ Worker's Compensation Certificate or Worker's Compensation Waiver Form
- _____ Weekly Settlement Options
- _____ Copy of Voided Check for doing ACH (Direct Deposit)
- _____ Copy of Owners Drivers License

In order to serve you better, we would appreciate your completing the following information:

Company Name: _____

Billing/Payable Address: _____

City: _____ State: _____ Zip Code _____

Office Number: _____ Fax Number: _____

After Hours Number: _____ Company Web Site: _____

ICC Authority: Common Contract Broker FMCA / MC# _____

Federal Tax ID#: _____

Organization Type: (circle one) Corporation Individual/Sole prop. Partnership LLC Other _____

Owner's Social Security Number _____ Drivers License # _____

Contact Name: _____ Cell Number: _____

E-Mail Address: _____

2nd Contact Name: _____ Cell Number: _____

E-Mail Address: _____

of Company Tractors: _____ # of Independent Contractors: _____

Of Trailers: __Hoppers __Conv. Hoppers __End Dumps __Flats __Live Bottoms __Pneumatics __ Vans __ Reefers

Do you use a Factoring Company? _____ YES _____ NO

Who did you speak with at Eclipse Transservices Corp? _____

Voice: 402.223.2411

Fax: 402.223.2401